

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

0042310 AV

**DOCUMENT # P95000096185**

1. Entity Name

**JAMES D. A. HOLLEY & CO., P.A.**

01-29-2002 90010 035 \*\*\*150.00

Principal Place of Business

**1714 MAHAN CENTER BOULEVARD  
TALLAHASSEE FL**

Mailing Address

**1714 MAHAN CENTER BOULEVARD  
TALLAHASSEE FL**

2. Principal Place of Business

**2878 Mahan Drive**

Suite, Apt. #, etc.

3. Mailing Address

**2878 Mahan Drive**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

Zip

**32308-5410**

Country

**USA**

City & State

**Tallahassee, FL**

Zip

**32308-5410**

Country

**USA**

4. FEI Number

**59-3348344**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MUNROE, W. BRADLEY  
239 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MADDEN, JOHN A**  
STREET ADDRESS **3061 WHITE IBIS WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☒ Delete  
NAME **MULLIKIN, HARRY A JR.**  
STREET ADDRESS **2525 HARRIMAN CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **PARMELEE, GWYNNE Y**  
STREET ADDRESS **3365 EAST LAKESHORE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **HARPER, L. MCRAE**  
STREET ADDRESS **2516 BETTON WOODS DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **PENNINGTON, CHARLES W**  
STREET ADDRESS **2016 DOOMAR DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **GILBERT, MATTHEW H**  
STREET ADDRESS **POST OFFICE BOX 666 N/A**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **P. O. Box 13796**  
CITY-ST-ZIP **Tallahassee, FL 32317**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/02* **8508782494**  
Date Daytime Phone #

CR2E034 (9/01)